

Utah Insurance Department
Company Address Information Form

Org Id#_____

YOU MUST COMPLETE AND RETURN THIS FORM

Insurance Company Name_____

Tax ID#_____ NAIC GROUP #_____ COMPANY#_____

Statutory Home Office Address

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____

Mailing Address

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____

Company Renewal Contact

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____

Fraud Assessment Contact

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____

Service of Process

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____

Complaints Contact

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____

Agent Licensing

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____

Billing Address

Street_____

P0 Box_____

City and Province_____

State/Country and ZIP_____

Contact Name_____

Phone Number_____

Toll Free Number_____

Fax Number_____

Email_____